

Social Equity Application

Participant Information

Please provide the following information regarding the individual seeking to participate in the social equity program.

Full Name: _____
First
M.I.
Last
Suffix

Mailing Address: _____
Street Address
City
State
Zip Code

Residential Address: _____
Street Address (if different from Mailing Address)
City
State
Zip Code

Phone: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Highest Level of Education Completed

- Some High School
- High School Diploma/GED
- Technical/Occupational Certification
- Some College
- Associate Degree
- Bachelor’s Degree
- Master’s Degree
- Doctorate Degree
- Professional Degree (e.g. law, medical)
- I do not wish to answer

Cannabis Industry Employment Status

- Temporary/Part Time
- Job Title: _____
- Full Time
- Job Title: _____
- Licensed Establishment Owner
- Unemployed/Seeking Employment
- Full-time Student
- Disabled
- Not in the cannabis industry yet
- I do not wish to answer

Individual Income from the Previous Tax Year

(Do not include income from other members in household)

- | | | |
|--|--|--|
| <input type="checkbox"/> 0 – 9,699 | <input type="checkbox"/> 84,200 – 160,724 | <input type="checkbox"/> 510,300+ |
| <input type="checkbox"/> 9,700 – 39,474 | <input type="checkbox"/> 160,725 – 204,099 | <input type="checkbox"/> I do not wish to answer |
| <input type="checkbox"/> 39,475 – 84,199 | <input type="checkbox"/> 204,100 – 510,299 | |

Supporting Documentation

Please attach the following, as applicable.

- Residency Documents:** Residency documents are required for EACH year of residency. You will need to prove residency for at least 5 cumulative years that you have lived in a disproportionately impacted community. Each document should have your name, residential address, and year. Please find examples of what is accepted, but NOT limited to below:
- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Mortgage Statements | <input type="checkbox"/> Tax Returns | <input type="checkbox"/> Insurance Statements |
| <input type="checkbox"/> Lease/Rental Agreements | <input type="checkbox"/> W-2 Forms | <input type="checkbox"/> College Tuition Statements |
| <input type="checkbox"/> Property Tax Documents | <input type="checkbox"/> Paystubs | <input type="checkbox"/> Utility Statements |
- Marijuana-Related Felony Conviction:** Copy of judgment of sentence or other documents. Order on application to set aside conviction, if expunged.
- Marijuana-Related Misdemeanor Conviction:** Copy of judgment of sentence or other documents. Order on application to set aside conviction, if expunged.
- Registered Primary Caregiver:** Caregiver Authorization for Release of MMMP Information with a valid driver's license or State-issued personal identification card with photo. Please find the form on our website [here](#).

Mail this application with all supporting documentation to:

**Cannabis Regulatory Agency
Social Equity Program
P.O. Box 30205
Lansing, MI 48909**

If you have any questions regarding the social equity application process, please contact us by phone at **(517) 284-8599** or email at CRA-SocialEquity@michigan.gov